DOC # 0143209
05/24/2013 01:33 PM
Official Record
Recording requested By
FORECLOSURES OF NEVADA, INC.
Lincoln County - NV
Leslie Boucher - Recorder
Fee: $15.00 Page 1 of 2
RPTT: Recorded By: AE
Book- 278 Page- 0668
0143209

APN: 010-041-01, etal

Recording Requested by: FORECLOSURES OF NEVADA

WHEN RECORDED MAIL TO:

KIM TRAN RIZZOLO
3140 S. BRONCO STREET
LAS VEGAS, NV 89146-6613

AFFIDAVIT TERMINATING JOINT TENANCY

KIM TRAN RIZZOLO , being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is the person named as one of the grantees in that certain deed recorded on APRIL 13, 2007, as Document No. 0128736, in Book No. 230, Page 0352 of Official Records in the Office of the County Recorder of Lincoln County, Nevada.

That BART RIZZOLO was one of the grantees named in said Deed and was the identical person named as the decedent, in that certain Death Certificate, certified copy of which is attached hereto and is made a part hereof.

kim tran rizzolo
KIM TRAN RIZZOLO

STATE OF NEVADA }
}SS
COUNTY OF CLARK }

On **APRIL 09, 2013**, personally appeared before me, a Notary Public, **KIM TRAN RIZZOLO**, personally known (or proven) to me to be the person(s) whose name subscribed to the above instrument and who acknowledged that **SHE** executed the instrument.

Susan J. Bopp
Notary Public

SUSAN J. BOPP
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 8-27-13
Certificate No: 93-5217-1

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RTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2010003992
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)			2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Bartholomew	John	RIZZOLO	March 19, 2010	Clark

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	4. SEX
Las Vegas	Sunrise Hospital Medical Center	Inpatient	Male

5. RACE (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White		80			August 21, 1929

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS →

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE OR DOMESTIC PARTNER
New Jersey	United States	12	Married	Kim Nhung TRAN

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]	General Contractor	Construction	Yes

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Clark	Las Vegas	3140 South Bronco Street	No

PARENTS

16. FATHER - NAME (First Middle Last Suffix)	17. MOTHER - NAME (First Middle Last Suffix)
Ralph RIZZOLO	Phyllis PATRIACO

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Kimtran RIZZOLO	3140 South Bronco Street Las Vegas, Nevada 89146

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Cremation	Palm Crematory	Las Vegas Nevada 89101

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE	20c. NAME AND ADDRESS OF FACILITY
BART BURTON SIGNATURE AUTHENTICATED	50	Palm Mortuary-Jones 1600 S Jones Blvd Las Vegas NV 89146

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED
YEKATERINA KHRONUSOVA MD

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
March 23, 2010	03:02

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)

22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED DEAD AT (Hour)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	23b. LICENSE NUMBER
YEKATERINA KHRONUSOVA MD 1200 Martin Luther King Blvd. Las Vegas, NV 89102	9662

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
NINETTE HARRINGTON SIGNATURE AUTHENTICATED	March 23, 2010	YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE → STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Interval between onset and death
PART I (a)	Respiratory failure	Days
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)	Adult respiratory distress syndrome	Days
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)	Pneumonia	Days
	DUE TO, OR AS A CONSEQUENCE OF:	
(d)		

PART II	26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
Coronary artery disease, aortic stenosis, lung cancer	No	No

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

3528526

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175. VRS-Rev-20090602

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By:
Date Issued: MAR 25 2010